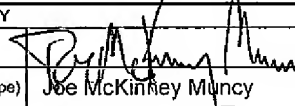


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|  |  |                                 |                        |
|--|--|---------------------------------|------------------------|
| <p><i>Effective on 12/08/2004.</i><br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> |  | <p><b>Complete if Known</b></p> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number              | 10/827,491-Conf. #3297 |
|  |  | Filing Date                     | April 20, 2004         |
|  |  | First Named Inventor            | Hei-Tong CHING         |
|  |  | Examiner Name                   | I. O. Akanbi           |
|  |  | Art Unit                        | 2877                   |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 990.00   |  | Attorney Docket No.             | 4444-0143PUS1          |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

| <b>FEE CALCULATION</b>   |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
|--|--------------|--|--------------------------------|---------------------------|----------|-----------------------|----------|------------------------------|--------------|--|---------------|---------------------------|-------|----------|---------|--------------------------------|---|--|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>   |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Application Type   | Fee (\$)     | FILING FEES                                      |                                | SEARCH FEES               |          | EXAMINATION FEES      |          | Fees Paid (\$)               |              |  |               |                           |       |          |         |                                |   |  |
|  |              | Small Entity Fee (\$)                            | Fee (\$)                       | Small Entity Fee (\$)     | Fee (\$) | Small Entity Fee (\$) | Fee (\$) |                              |              |  |               |                           |       |          |         |                                |   |  |
| Utility  | 300          | 150  | 500                            | 250                       | 200      | 100                   |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Design   | 200          | 100  | 100                            | 50                        | 130      | 65                    |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Plant  | 200          | 100  | 300                            | 150                       | 160      | 80                    |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Reissue  | 300          | 150  | 500                            | 250                       | 600      | 300                   |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Provisional  | 200          | 100  | 0                              | 0                         | 0        | 0                     |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <b>2. EXCESS CLAIM FEES</b>  |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <b>Fee Description</b>   |              |  |                                |                           |          |                       |          | <b>Small Entity Fee (\$)</b> |              |  |               |                           |       |          |         |                                |   |  |
| Each claim over 20 (including Reissues)  |              |  |                                |                           |          |                       |          | 50                           |              |  |               |                           |       |          |         |                                |   |  |
| Each independent claim over 3 (including Reissues)   |              |  |                                |                           |          |                       |          | 200                          |              |  |               |                           |       |          |         |                                |   |  |
| Multiple dependent claims  |              |  |                                |                           |          |                       |          | 360                          |              |  |               |                           |       |          |         |                                |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> </tr> <tr> <td>31</td> <td>- 27 = 4</td> <td>x 50.00</td> <td>= 200.00</td> <td></td> </tr> </table>  |              |  |                                |                           |          |                       |          | Total Claims                 | Extra Claims | Fee (\$)   | Fee Paid (\$) | Multiple Dependent Claims | 31    | - 27 = 4 | x 50.00 | = 200.00                       |   |  |
| Total Claims   | Extra Claims | Fee (\$)   | Fee Paid (\$)                  | Multiple Dependent Claims |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| 31   | - 27 = 4     | x 50.00  | = 200.00                       |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>- 3 =</td> <td>x</td> <td>=</td> </tr> </table>   |              |  |                                |                           |          |                       |          | Indep. Claims                | Extra Claims | Fee (\$)   | Fee Paid (\$) | 2                         | - 3 = | x        | =       |                                |   |  |
| Indep. Claims  | Extra Claims | Fee (\$)   | Fee Paid (\$)                  |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| 2  | - 3 =        | x  | =                              |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| HP = highest number of total claims paid for, if greater than 20.  |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| HP = highest number of independent claims paid for, if greater than 3.   |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <b>3. APPLICATION SIZE FEE</b>   |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).                |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> </tr> </table> |              |  |                                |                           |          |                       |          | Total Sheets                 | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)      | Fee Paid (\$)             |       | - 100 =  | /50     | (round up to a whole number) x | = |  |
| Total Sheets   | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$)             |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
|  | - 100 =      | /50  | (round up to a whole number) x | =                         |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| <b>4. OTHER FEE(S)</b>   |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Non-English Specification, \$130 fee (no small entity discount)  |              |  |                                |                           |          |                       |          |                              |              |  |               |                           |       |          |         |                                |   |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...  |              |  |                                |                           |          |                       |          | 790.00                       |              |  |               |                           |       |          |         |                                |   |  |

|                     |   |                                   |                   |
|---------------------|---|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |   |                                   |                   |
| Signature           |  | Registration No. (Attorney/Agent) | 32,334            |
| Name (Print/Type)   | Joe McKinley Muncy  | Telephone                         | (703) 205-8026    |
|                     |   | Date                              | February 27, 2007 |